

FCC Form 555[Instructions](#)[Preview PDF](#)[Header](#)[Section 2 Blocks A to E](#)[Section 2 Blocks F to L](#)[Section 3](#)[Section 4](#)[Review and Signature](#)**Review and Signature****Section 1**

SAC: 442090

Section 1: Initial Certification All ETCs must complete this section.

I certify that the company listed above has certification procedures in place to:

A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or

B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Section 1 Initial **Section 2**

A. Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month): 33

B. Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers: 0

C. Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.): 33

D. Number of subscribers de-enrolled prior to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC: 0

E. E = (A-B-C-D). Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year: 0

F. Number of subscribers ETC contacted directly to recertify eligibility through attestation: 0

G. Number of subscribers responding to ETC contact: 0

H. H = (F-G). Number of non-responding subscribers: 0

I. Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.): 0

J. J = (H+I). Number of Subscribers De-enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Response of Ineligibility from ETC recertification attempt: 0

K. Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC: 33

L. Number of Subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC: 1

M. M = (F+K). Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E): 33

N. N=(J+L). Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of non-response or ineligibility: 1

O.O = (N / M) * 100) Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response: 3.04

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Section 2A Initial

AND/OR

B.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

ftp.liteuptexas.com

(List database or name of administrator here, if applicable)

Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Section 2B Initial B MJ

OR

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Section 2C Initial

Certification

By entering my Name and Title below, I certify that the company listed below is in compliance with all federal Lifeline certification procedures. I am an officer of the company named below. I am authorized to make this certification for the Study Area Code (SAC) listed below.

Signature of Officer *By logging into my account and clicking the Certify button below, I am electronically signing this form.*

Date: 01/08/2016

Printed Name and Title of Officer Mary Jo Moncrief CFO

Email Address of Officer maryjo@usapathway.com

Person Completing This Certification Form Mary Jo Moncrief

Contact Phone Number 817-447-0127
(123-123-1234)

Save and Go Back

Certify

Save and Exit

- Initials do not match.
- Initials do not match.
- Initials do not match.
- Initials do not match.



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maryjo@usapathway.com

FCC FORM 555 SEARCH

Thank you for Certifying FCC Form 555!

Important Reminder: Carriers must maintain records to document compliance with all Commission and state requirements governing the Lifeline and Tribal Link Up program for three full preceding calendar years, and as long as the subscriber receives Lifeline service from the carrier. These documents must be provided to the Commission or Administrator upon request. Lifeline recordkeeping rules are located at 47 C.F.R. § 54.417.

State:

SAC:

Holding Company:

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